Approved for use through 1031/2002. OMB 0651-002: U. S. Perent and Trademark Office; U.S. DEPAR (MENT OF COMMERC) U.S. Perent and Trademark Office; U.S. DEPAR (MENT OF COMMERC) Under the Percentric Reduction Act of 1995, no retaons are required to respond to a collection of information unless it displays a valid OMB control number.											
PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 10/722,125											
CLAIMS AS FILED - PART 1 (Column 1) (Column 2)						SMA	LL E	NTITY	OR	OTHER TO SMALL E	
FOR		NUMBER FILED		NUMBER BXTRA		RA	TE	FEE		RATE	FEE
	SIC FEE CFR 1.10(e))							s	OR		s_770
TOTAL CLAIMS 07 CFR 1.18(3)		19 minus 20 =		• 0		x \$_			OR	x \$=	0
INDEPENDENT CLAIMS Q7 CFR 1.1(6))		2 minus 3 =		• 0		×			OR	×	0
MULTIPLE DEPENDENT CLAIM PRESENT 07 CFR 1.14(4)						+	_=		O R	+=	0
• If the difference in column I is less than zero, cauer "0" in column 2 TOTAL 0. OR TOTAL 77										770	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMZ	ILL (ENTITY	OR	OTHER T	
AMENDMENT A	REM. AF	AIMS AINING TER DMENT	PREV	CHEST IMBER TOUSLY ID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total + 07 CFR 1.16(-))	17 Minus	**	20	= 0	× \$			OR	x S=	0
	Independent * 07 CFR 1.15(b))	3 Minus	***	3	- 0	×	_=		OR OR	x=	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CF2 L1941)						_ -		or	+=	0
?-	7-13-06 (Cohuma 1) (Cohuma 2) (Cohuma 3)						Tal Pee	0	OR	TOTAL DDIT. FEE	0
AMENDMENT B	REM. AF	AIMS AINING TER IDMENT	PREV	GHEST IMBER IOUSLY ID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEP
	Total 07 CFR 1.16(c)	5 Minus	**	20	- B	<u> x s_</u>			OR OR	× S=	
	Independent *	2 Minus	***	3	- 6	x			OR	x	
· •	FIRST PRESENTAT	ION OF MULTIPLE I	EPENDÊN	T.CLAIM	COT CYAL 1.16(40)	 	=		OR-	+=	ا ک
(Column 1) (Column 2) (Column 3))TAL FEE	0	OR	TOTAL DDIT. FEE	0
AMENDMENT C	REM	AIMS AINING TER IDMENT	PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total *	Minus	**		=	x \$			OR	× \$=	
ME	Independent *	Minus	***		-	×			OR OR	×=	
V	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CM 1.1949)								OR	+	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL 0 ADDIT. FEE 0 ADDIT. FEE 0											0
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than J, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number tissed in the appropriate box in column 1.											